

REC'D MAR 20 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7319

Do not use this space.

## 1. PLACE OF DEATH

(a) County Linnington Registration District No. 508  
(b) Township Chillicothe Primary Registration District No. 3026 Registered No. 203  
(c) City Chillicothe (d) Street No. 915 Washington St St. 2  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas James Kirby 6:10

(a) Residence, No. 915 Washington St St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clare Kirby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1967

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 7 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Restaurant  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriFATHER 13. NAME Pat Kirby14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IndianaMOTHER 15. MAIDEN NAME Briggett Moore16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Harriett Kirby  
915 Wash. Chillicothe18. BURIAL, CREMATION, OR REMOVAL PLACE St. Michiels DATE 3/11 115819. FUNERAL DIRECTOR (ADDRESS) Meinershagen  
Chillicothe, Mo.20. FILED 3/10 1938 Donald M. Daves Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 17 1937 to Mar 9 1938  
I last saw him alive on Feb 3 1938. Death is said to have occurred on the date stated above, at 10 P.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cornea Date of onset at 04/15/37  
H-b

Other contributory causes of importance:

Name of operation None Date of None  
What test confirmed diagnosis? Chusid Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_ (Signed) G. W. Computer M. D.  
(Address) Chillicothe, Mo.

456 (Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Harold Simpson, Licensed Embalmer No. 3965

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Harold Simpson

Licensed Embalmer No. 3965

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**